

**HICKMAN COUNTY SENIOR CITIZENS, INC.**

Welcome to your local Senior Center. As a new participant, our federal Grant requires that we collect the following information. All information will be held in strict confidence. We apologize that it might be sensitive information. But, **ALL** are required if we are to receive financial reimbursement.

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Marital Status:** ☐ Single ☐ Married ☐ Divorced  
**Gender:** ☐ Male ☐ Female  
**Date of Birth:** \_\_\_\_\_  
**Area Code:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
☐ Non-Minority  
☐ Hispanic  
**Ethnicity:** ☐ African-American  
☐ Asian/Pacific  
☐ Amer. Indian / Alaskan Origin

**Middle Initial:** \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_  
**Case Worker (optional):** \_\_\_\_\_  
**Soc. Sec. No. (optional):** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_  
**Rural Area:** ☐ Yes ☐ No  
☐ Driver's License  
☐ Soc. Sec. Card (M)  
☐ Other  
**Verified:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
**Primary Physician (optional):** \_\_\_\_\_

**Phone #:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

**INCOME LEVEL** (*Indicate if your income is "Over" or "Under" the given amount.*)

1 person living in the home – is your household income over or under \$10,400 per year? ☐ **Over** ☐ **Under**  
2 person living in the home – is your household income over or under \$14,000 per year? ☐ **Over** ☐ **Under**  
3 person living in the home – is your household income over or under \$17,600 per year? ☐ **Over** ☐ **Under**  
4 person living in the home – is your household income over or under \$21,200 per year? ☐ **Over** ☐ **Under**

**HOUSEHOLD SITUATION**

☐ Lives Alone ☐ With Spouse ☐ With Children ☐ With Relatives ☐ Not Reported

**Household Size:** \_\_\_\_\_ Number of people living in your home

**YES OR NO QUESTIONS**

**Abused/Neglected/Exploited** ☐ Yes ☐ No  
**Disabled** ☐ Yes ☐ No  
**Female Head of Household** ☐ Yes ☐ No  
**Frail** ☐ Yes ☐ No  
**Homebound** ☐ Yes ☐ No  
**Medicare Eligible** ☐ Yes ☐ No  
**Receiving Social Security** ☐ Yes ☐ No  
**State Resident** ☐ Yes ☐ No  
**Tribal** ☐ Yes ☐ No  
**Understands English** ☐ Yes ☐ No  
**US Citizen** ☐ Yes ☐ No  
**NSIP Meals Eligible** ☐ Yes ☐ No  
**Veteran** ☐ Yes ☐ No  
**Veteran Dependent** ☐ Yes ☐ No  
**Medicaid Recipient** ☐ Yes ☐ No

**HIGH NUTRITIONAL RISK**

☐ **Yes** (... over 6 points) ☐ **No**

**Nutritional Risk List**

☐ 0 None  
☐ 2 I have an illness or condition that made a change in the amount and/or kind of food I eat.  
☐ 3 I eat fewer than 2 meals per day.  
☐ 2 I eat few fruits or vegetables or milk products.  
☐ 2 I have 3 or more drinks of beer/alcohol every day.  
☐ 2 I have tooth or mouth problems that make it hard to eat.  
☐ 4 I don't always have enough money to buy the food I need.  
☐ 1 I eat alone most of the time.  
☐ 1 I take over 3 different prescribed or over the counter meds daily.  
☐ 2 Without wanting to, I have lost/gained 10 lbs. in the last 6 months.  
☐ 2 I am not always physically able to shop, cook, and/or feed myself.

\_\_\_\_\_  
Total Points